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PATENT, TRADEMARK  
AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157

(703) 684-1120

Date: January 2, 2003

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9318

To: Examiner Tuyen T. Nguyen  
Group Art Unit 2832, USPTO

From: Mr. John R. Mattingly  
MATTINGLY, STANGER & MALUR, P.C.

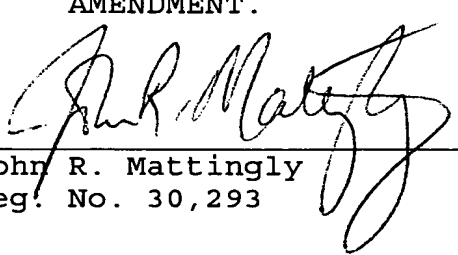
Re: USSN 09/825,339  
Attorney Docket No.: ASA-811-02

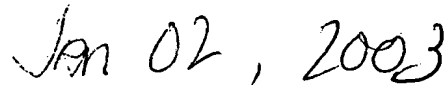
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**CERTIFICATION OF FACSIMILE TRANSMISSION**

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TRANSMITTAL LETTER; and  
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Date

Total Number of Pages (including cover sheet): 10

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PATENT

Case Docket No. ASA-811-02

In RE application of T. SHINDETTA et al

Serial No.: 09/825,339

Group Art Unit: 2832

Filed: April 4, 2001

Examiner: T. Nguyen

For: AMORPHOUS METAL CORE TRANSFORMER

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 2	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

## SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

## OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.  
 \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached in payment of:\_\_\_\_\_.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: January 2, 2003

By:

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